Interim Guidance for Treatment of Influenza Infection
May 7, 2009

Influenza should be considered in persons with severe respiratory infections such as pneumonia and persons with influenza-like illness (fever and cough or sore throat). Currently, the Washington State Department of Health recommends that clinicians only use antiviral drugs to treat persons with confirmed, probable, or suspected infection due to swine-origin influenza virus (S-OIV) who are hospitalized or at high risk for severe complications of influenza. Mild illness should not be treated.

Those at high risk for severe complications of influenza include persons:

- Aged <5 years or >65 years
- With asthma or other chronic lung diseases such as cystic fibrosis or chronic obstructive pulmonary disease
- With chronic medical conditions including:
  - Immunosuppression due to genetics, chemotherapy, or infection (e.g., HIV)
  - Sickle cell anemia or other hemoglobinopathies
  - Illnesses requiring long-term aspirin therapy (e.g., rheumatoid arthritis, Kawasaki disease)
  - Cancer
  - Metabolic disease, such as diabetes mellitus and chronic renal disease
  - Neuromuscular disorders, seizure disorders, or cognitive dysfunction that may compromise the handling of respiratory secretions
  - Significant cardiac disease including congestive heart failure
- Living in nursing homes or other long-term care institutions

S-OIV is susceptible to oseltamivir and zanamivir but resistant to amantadine and rimantadine. However, oseltamivir-resistant human influenza virus (human H1N1) is still circulating in Washington. Because S-OIV and seasonal influenza cannot be distinguished clinically and subtyping is not immediately available, healthcare providers should consider empirically treating influenza in the groups of patients described above with either zanamivir or a combination of oseltamivir and rimantadine to provide adequate coverage for all circulating strains of influenza.

For maximum benefit, antiviral treatment should be initiated as soon as possible after the onset of symptoms. This benefit is greatest when treatment is started within 48 hours of illness onset. However, some studies of treatment of seasonal influenza have shown that hospitalized patients or patients who are at risk for the severe complications of influenza may benefit from treatment started more than 48 hours after illness onset. Therefore, treatment for high-risk patients who are seen >48 hours after illness onset and are not improving is permitted.

For more information about antiviral drugs including dosing guidelines, please see the CDC antiviral web page http://www.cdc.gov/h1n1flu/recommendations.htm and the Infectious Disease Society of America guidelines for seasonal influenza: http://www.journals.uchicago.edu/doi/pdf/10.1086/598513